FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000084555 (7)

DISC-O-TECH, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
,		•			· ·
10097 CLEARY BLVD #211 PLANTATION FL 33324		10097 CLEARY BLVD #211 PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					10/09/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0697520 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		Cily & State			6. Election Campaign Financing \$5.00 May Be
23		28	T		Trust Fund Contribution
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25		10		Personal Property Tax due June 30. Yes No
	9, Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New Registered Agent
	LUBOFF, MELISSA K			Name	
10097 CLEARY BLVD., #211			Ē	Street	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			ļ.,	13	
				53	
			6	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or purpled name of trigistered agent and title (Lappix able (NOT): Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	egeni signatori	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITE	£	Change Addition
NAME	LUBOFF, MELISSA K		1.2 NAM		
STREET ADORESS	10097 CLEARY BLVD., #211		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	,		-S1-ZIP	
TITLE	TD	DELETE	2.1 TITL		Change Addition
NAME	GREEN, MARILYN		2.2 NAM	IE .	LUBOFF, ALAN
STREET ADDRESS	10097 CLEARY BLVD., #211		2.3 STR	EET ADDRESS	10047 CLEARLY BLVD. #211
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CIT	Y-ST-ZIP	PLANTATEDN, FL 33324
TITLE	D	DELETE	3.1 TiTL	E	Change Addition
NAME	Green, Sherri		3.2 NAN	16	
STREET ADDRESS	10097 CLEARY BLVD., #211		3.3 STR	EET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324			Y-\$1-2IP	
TITLE		☐ DELETE	4.1 T(TL	E	Change Addition
NAME			4. 2 NAI	NE	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			1	'- ST- ZIP	
TITLE		DELETE	5.1 TITL		L_J Change L_J Addition
NAME .			52 NAM		
STREET ADDRESS			5.3 STR	eet address	
CITY-ST-ZIP		The part	1	'-ST-ZIP	
TITLE	∜.	☐ DELET E	6.1 TITL		Change Addition
NAME	4		6.2 NAM		
STREET ADDRESS	•		6.3 STR	EET ADDRESS	
CITY-ST-ZIP			6.4 CITY	'-ST-ZIP	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MANAGE STATE

4/20/00

954-537-3472